

# Early Childhood Community Survey

Return To:

Yakama Nation Head Start  
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Online Survey: <http://goo.gl/forms/jm8KpSQ1DK>

# Yakama Nation Head Start

Teaching Children, Reaching Families



General/Basic Information				
What best describes your role in the community?	<input type="checkbox"/> Community Member <input type="checkbox"/> Social Services Provider	<input type="checkbox"/> YN Head Start Parent <input type="checkbox"/> Other:	<input type="checkbox"/> YN Employee	<input type="checkbox"/> YN Head Start Employee
What Town/Area do you live in?	<input type="checkbox"/> Toppenish	<input type="checkbox"/> Wapato	<input type="checkbox"/> White Swan	<input type="checkbox"/> Other:
What is your age?	<input type="checkbox"/> Under 18 <input type="checkbox"/> 46-55	<input type="checkbox"/> 19-25 <input type="checkbox"/> 56+	<input type="checkbox"/> 26-35	<input type="checkbox"/> 36-45
What is your race?	<input type="checkbox"/> American Indian <input type="checkbox"/> Black, African American	<input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other:
Are you a member of Yakama Nation?	<input type="checkbox"/> Enrolled	<input type="checkbox"/> Descendant	<input type="checkbox"/> Enrolled in Other Tribe	<input type="checkbox"/> None
What languages are spoken at home?	<input type="checkbox"/> English <input type="checkbox"/> Spanish	<input type="checkbox"/> Ichiskiin/ Sahaptian/ Yakama	<input type="checkbox"/> Other Native Language	<input type="checkbox"/> Other:
What was your highest level of education?	<input type="checkbox"/> Less than 8th grade <input type="checkbox"/> Some High School <input type="checkbox"/> GED	<input type="checkbox"/> Graduated High School <input type="checkbox"/> Technical School Graduate	<input type="checkbox"/> Some College <input type="checkbox"/> Associates Degree (2 Year degree)	<input type="checkbox"/> Bachelor's Degree (4 Year Degree) <input type="checkbox"/> Master's Degree or Higher
What is your employment status?	<input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time	<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired	<input type="checkbox"/> Disabled <input type="checkbox"/> Homemaker	<input type="checkbox"/> Student <input type="checkbox"/> Other:
Household Information				
How long have you lived on the reservation?	<input type="checkbox"/> 0-5 yrs.	<input type="checkbox"/> 6-20 yrs.	<input type="checkbox"/> 21 yrs.	<input type="checkbox"/> Lifelong Resident
What is your family/household status (Check All That Apply)?	<input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parent	<input type="checkbox"/> Teen Parent <input type="checkbox"/> Foster Parent	<input type="checkbox"/> Grandparent <input type="checkbox"/> Single Income Family	<input type="checkbox"/> Two Income Family <input type="checkbox"/> Other:
What is your current housing situation?	<input type="checkbox"/> Rent <input type="checkbox"/> Own House	<input type="checkbox"/> Tribal Housing <input type="checkbox"/> Tribal Housing (Housing Project)	<input type="checkbox"/> HUD <input type="checkbox"/> Student Housing	<input type="checkbox"/> Family/Friend <input type="checkbox"/> Homeless
How many children (under 5 years old) live with you?	<input type="checkbox"/> 1 <input type="checkbox"/> None/NA	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Do you consider your living arrangement dependable/permanent or unreliable/temporary?	<input type="checkbox"/> Dependable/ Permanent	<input type="checkbox"/> Unreliable/ Temporary		
Do you feel safe in your neighborhood?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you have any of the following concerns about you current living arrangement?	<input type="checkbox"/> Structure Problems <input type="checkbox"/> Plumbing Problems	<input type="checkbox"/> Pest Infestation	<input type="checkbox"/> Weatherization Needs	<input type="checkbox"/> Other:
How many times have you moved in the past year?	<input type="checkbox"/> None	<input type="checkbox"/> Once	<input type="checkbox"/> Twice	<input type="checkbox"/> 3 or More
Health				
Do you have Health Insurance/Coverage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
What Health Insurance/Coverage do you have?	<input type="checkbox"/> Medicaid/ Apple Health	<input type="checkbox"/> State/Other <input type="checkbox"/> Self-Pay	<input type="checkbox"/> Private Insurance	<input type="checkbox"/> Indian Health Service
Please select your communities two priorities	<input type="checkbox"/> Help with Elderly/Disabled Care <input type="checkbox"/> Services for Children with Disabilities <input type="checkbox"/> Housing	<input type="checkbox"/> Getting Health/Medical Care <input type="checkbox"/> Prescription Costs	<input type="checkbox"/> Access to Dental Care <input type="checkbox"/> Timely/Affordable Health Care	<input type="checkbox"/> Affordable Health Insurance <input type="checkbox"/> Substance Abuse Programs

Childcare				
How many hours of childcare do you need a week?	<input type="checkbox"/> 0 <input type="checkbox"/> 1-10	<input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30	<input type="checkbox"/> 31-40	<input type="checkbox"/> 41+
Who provides childcare for your children when not at school?	<input type="checkbox"/> Family or Relative <input type="checkbox"/> Head Start Center	<input type="checkbox"/> Friend or Non-Relative	<input type="checkbox"/> Tribal Child Care <input type="checkbox"/> State Child Care	<input type="checkbox"/> Other:
What hours do you need childcare?	<input type="checkbox"/> Regular Work Time (7am-4pm)	<input type="checkbox"/> Afternoon Time (4pm-12am)	<input type="checkbox"/> Night Time (12am-7am)	
Do you receive childcare subsidies?	<input type="checkbox"/> Tribal Child Care Subsidies	<input type="checkbox"/> State Child Care Subsidies	<input type="checkbox"/> None	
Education				
What school district does/will your child(ren) attend?	<input type="checkbox"/> Toppenish School District	<input type="checkbox"/> Mt. Adams School District	<input type="checkbox"/> Wapato School District	<input type="checkbox"/> Other:
Did you send your child(ren) to Head Start?	<input type="checkbox"/> Currently <input type="checkbox"/> All Children	<input type="checkbox"/> Some of my Children <input type="checkbox"/> One Child	<input type="checkbox"/> None <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Other:
Did you send you child(ren) to Yakama Nation Head Start?	<input type="checkbox"/> Currently <input type="checkbox"/> All Children	<input type="checkbox"/> Some of my Children <input type="checkbox"/> One Child	<input type="checkbox"/> None <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Other:
Please select two top priority in Education	<input type="checkbox"/> Job Training <input type="checkbox"/> Employment <input type="checkbox"/> Educational Services <input type="checkbox"/> Technology Instruction	<input type="checkbox"/> Education for Adults (GED) <input type="checkbox"/> Child Care for Infants and Toddlers <input type="checkbox"/> Child Care for Preschoolers	<input type="checkbox"/> Before or After School Care (K-12) <input type="checkbox"/> After School Academic Program <input type="checkbox"/> School Safety	<input type="checkbox"/> Literacy Program <input type="checkbox"/> Math Program <input type="checkbox"/> Bully Prevention <input type="checkbox"/> Other:
Community Services				
Please check all services that you or your household are using.	<input type="checkbox"/> Head Start <input type="checkbox"/> Early Head Start (Birth to 3) <input type="checkbox"/> WIC <input type="checkbox"/> Domestic Violence Counseling <input type="checkbox"/> Commodity Foods	<input type="checkbox"/> Tribal Child Care <input type="checkbox"/> Washington State Child Care <input type="checkbox"/> Student Financial Aid <input type="checkbox"/> Early Childhood Intervention	<input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP) <input type="checkbox"/> SSI <input type="checkbox"/> Food Bank <input type="checkbox"/> Addiction Treatment	<input type="checkbox"/> Food Stamps/SNAP <input type="checkbox"/> TANF <input type="checkbox"/> Adult Vocational Training <input type="checkbox"/> Other:
Please check all services that you or your household would like access to.	<input type="checkbox"/> Head Start <input type="checkbox"/> Early Head Start (Birth to 3) <input type="checkbox"/> WIC <input type="checkbox"/> Domestic Violence Counseling <input type="checkbox"/> Commodity Foods	<input type="checkbox"/> Tribal Child Care <input type="checkbox"/> Washington State Child Care <input type="checkbox"/> Student Financial Aid <input type="checkbox"/> Early Childhood Intervention	<input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP) <input type="checkbox"/> SSI <input type="checkbox"/> Food Bank <input type="checkbox"/> Addiction Treatment	<input type="checkbox"/> Food Stamps/SNAP <input type="checkbox"/> TANF <input type="checkbox"/> Adult Vocational Training <input type="checkbox"/> Other:
What is the best source so find services/resources?	<input type="checkbox"/> Head Start <input type="checkbox"/> Family <input type="checkbox"/> Other:	<input type="checkbox"/> Friends <input type="checkbox"/> Newspaper	<input type="checkbox"/> Radio <input type="checkbox"/> Television	<input type="checkbox"/> Community Pin Boards
Please select your communities two priorities in Social Services	<input type="checkbox"/> Food <input type="checkbox"/> Available Food Service <input type="checkbox"/> Transportation <input type="checkbox"/> Access to Emergency Services (police, fire, etc.)	<input type="checkbox"/> Fuel Cost <input type="checkbox"/> Mental Health Services <input type="checkbox"/> Drug/Rehabilitation Services <input type="checkbox"/> Affordable Housing	<input type="checkbox"/> Paying Necessary Bills (Gas, Water, Rent, Phone, etc.) <input type="checkbox"/> Managing Finances	<input type="checkbox"/> Childcare <input type="checkbox"/> Access to Technology (internet, computer, phone, etc.)

Please rate the quality and availability of the following services/programs.						
	Excellent	Good	Satisfactory	Poor	Unsatisfactory	No Opinion
Police Station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After School Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colleges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Libraries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parks/Playgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundromats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Offices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Offices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-School Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant/Toddler Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head Start Program Questions						
Would you participate in a home-based model?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Did you send your children to Head Start (Check All that Apply)?	<input type="checkbox"/> Currently <input type="checkbox"/> Some of my Children <input type="checkbox"/> None <input type="checkbox"/> Other: <input type="checkbox"/> All Children <input type="checkbox"/> One Child <input type="checkbox"/> Not Applicable (No Children)					
Choose the two highest priorities in your community	<input type="checkbox"/> Improved quality of existing child care programs <input type="checkbox"/> Transportation for Families and Children <input type="checkbox"/> More tribal child care facilities <input type="checkbox"/> More full day programs <input type="checkbox"/> More infant/toddler child care <input type="checkbox"/> More year round programs <input type="checkbox"/> More Tribal Head Start Facilities <input type="checkbox"/> Improved Tribal Head Start Facilities <input type="checkbox"/> Early Head Start Services (Birth-3)					
Would you participate in a center that was not in your local school district?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Please Rate the Quality and Availability of the Following Services Provided By Head Start						
	Excellent	Good	Satisfactory	Poor	Unsatisfactory	No Opinion
Classroom Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kinder. Preparedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Info on Child Progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabilities Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent Engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referrals for Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What are the two highest cultural priorities in your community?	<input type="checkbox"/> Adult Language Instruction <input type="checkbox"/> Child Language Instruction (In-School) <input type="checkbox"/> Hunting and Gathering Traditions	<input type="checkbox"/> Child Language Instruction (After-School) <input type="checkbox"/> Storytelling <input type="checkbox"/> Religious (Waashut, Shaker, etc)	<input type="checkbox"/> Native Games <input type="checkbox"/> Singing and Drumming	<input type="checkbox"/> Family Oriented Community Events <input type="checkbox"/> Inter-generational Connection (Elders working with Children)
Questions				
How could Head Start have assisted or improved your child's outcomes?				
Is there anything else you would like to tell us about the Yakama Nation Head Start Program?				
Is there anything else you would like to tell us about your Community?				
Is there anything else you would like to share?				